



PATIENT REGISTRATION

Date: _____

OWNER INFORMATION:

Owner's Name _____ Co-Owner _____

Additional Caregivers/Assistants/Nannies/etc. _____

Children living at home / ages _____

Address _____

City, State, ZIP _____

Owner's Primary Phone (best number to reach you) _____ home cellOwner's Alternate Phones _____ home cell work _____ home cell workCo-Owner's Phones _____ cell work _____ cell work

Email address _____

Occupation / employer's name _____

Co-owner's occupation / employer name _____

EMERGENCY CONTACT: If we cannot reach owner or co-owner, please call (**name/phone**): _____

REFERRAL SOURCE: Drive/Walk-by Yelp Google Friend (Name: _____)

 Other: _____

PET INFORMATION:

Name: _____ Birth Date: _____ Dog Cat Other _____Breed: _____ Color: _____ Sex: Male – Neutered Male - Un-neutered
 Female - Spayed Female - Un-spayedMedical Records _____ Current medical conditions _____
Name of hospital where they can be obtained.
Behavior: Has your pet ever become uncomfortable or aggressive with a person or other animals? Please describe, so we can ensure the safest, most comfortable visit for your pet and others: _____

SOCIAL MEDIA AUTHORIZATION:

- I DO** grant permission to Family Pet Animal Hospital to use photos/videos of my pet(s) on social media sites (website, facebook, etc.) for educational, marketing and/or entertainment purposes, and have full authority to do so.
- I DO NOT** grant permission to Family Pet Animal Hospital to use photos/videos of my pet(s) for external use; I understand that photos may be utilized internally for such purposes as patient identification, staff training, etc., and have full authority to do so.

**** I, the owner or co-owner personally assume responsibility for all charges incurred in the care of all animals for whom I am the owner or co-owner of record. I understand that these charges must be paid at the time services are performed, and that a deposit may be required for surgical treatment or hospitalization. I further understand that upon default of payment, I accept responsibility and agree to pay all collection costs, attorney's fees, court costs and finance charges.**

Owner or Responsible Party (Signature) _____